Main Operating Theatres
What to expect on the day of your operation

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If you require a copy of this leaflet in large print, braille, or another language please discuss this with a member of staff. They will arrange this for you via the relevant Hospital department.
Introduction

We understand that the day you come into hospital for your operation can be a worrying time for you and those who care for you. We will endeavour to relieve those worries. We will have provided information about parking, fasting, where to go on the day of admission, and some information about the anaesthesia and the operation. The purpose of this leaflet is to give you more information about what to expect throughout the day of your operation from the time you arrive, your journey through our operating theatre and recovery ward and on to the surgical ward after your operation. We also suggest some things that you might like to think about when preparing to come to the hospital.

Before your Admission

It is good to be prepared before you are admitted to hospital. Please ensure that you have the required support available for you on discharge, and you have someone who will be able to collect you on your discharge day.

If you have concerns or questions about your procedure then make a list. Some questions can be answered at you pre-assessment appointment, while others can be answered by your surgeon when you arrive for your operation. You may want to think about bringing a relative or friend with you to your pre-assessment appointment so that they can also receive the information and help you prepare.
At your pre-assessment appointment, you will be told about which of your medications to take on the day of your operation, and which to stop taking.

**Admission Day**

Please don’t bring valuables to hospital with you. Mobile phones can be brought to hospital but this is at your own risk. We have limited storage space beside each bed or trolley so we advise that you only bring the following essential items:

- Blue badge for parking – if applicable
- Change for parking, newspapers, television. Our TV service costs between £5 and £20 depending on how much time you purchase
- Your medication
- Dressing gown
- Slippers (or alternative footwear)
- Soap/Shower Gel
- Toothbrush and Toothpaste
- Towel
- A Change of clothes
- Reading glasses if required.

It is very important that you follow the instructions below regarding eating and drinking on the day of your operation. If you don’t, this can complicate the anaesthetic process and could mean that your operation has to be cancelled.

If you are on the **morning list** (7am admission), then **all food (including milk and fizzy drinks) should be stopped from**
midnight. You can have water but only until 6am on the day of your operation.

If you are on the afternoon list (your admission will be later in the morning and you will have been told when) then you can have a light early breakfast such as tea and toast before 6am. You can have water but only until 11am.

The Admission on the Day (AOD) Lounge (General Surgery & Urology)

Location: Level 4 Roehampton Wing

On the day of admission please report to the Admissions on the Day Lounge at the time you have been told which will be 7am or later in the morning.

This is a ward area equipped with comfortable chairs in two bays, one male and one female, each able to seat five patients. The purpose of this lounge area is to make the time before an operating list run more smoothly, while providing you with an environment that is less stressful than a busy surgical ward. Even though you are admitted here, a bed area will be prepared on your main surgical ward, and that is where you will be cared for after your operation.

In the AOD Lounge, a nurse or receptionist will welcome you and show you to your seat. They will go through a pre-operative checklist with you and ensure all the documentation is in order.

You will need to wear a hospital gown and you will normally be asked to wear anti-embolism stockings. Please let the nurse
know if you have any clinical problems with your legs, such as circulation problems or leg ulcers.

Please leave jewellery including rings, earrings, other piercings, hairbands, or hairpins at home. Please make sure you are not wearing nail polish.

You will be seen by members of the surgical team who will be performing your operation. They will explain the planned procedure, its benefits and any possible complications. If your operation specifies the left or right side, this will be confirmed and marked on you with a marker pen. If you have not already done so, you will be asked to sign a consent form. If you have any concerns or questions about the operation, this is the time to raise them.

You will also be seen by a doctor from the anaesthetic team who will ask you questions about your general health and any medication you take. It is a good idea to have your own medication available. They will discuss with you the type(s) of anaesthesia best suited to your medical condition and the type of operation planned. Anaesthesia is ‘tailored’ to your needs and they will discuss any possible complications of the preferred technique(s). If you have any concerns or worries about the anaesthetic technique, this is the time to raise them.

Please be reassured that both the surgeons and anaesthetists will have checked your self-assessment form, clinical notes, and the results of any investigations performed during your pre-assessment. We know it can be annoying to have to repeat the
same information to different staff, so we try not to duplicate questions when we can refer to your clinical notes.

Once all this is done, please be aware that you may have to wait some time for your operation. The time of your operation will depend on how long each operation on the list takes before yours. Please be patient with us.

While you are having your operation, your belongings will be locked securely in the office on AOD and later moved to the ward to be with you after your operation.

**Other Admission Wards (Orthopaedics, Gynaecology and Breast Surgery)**

If you are having orthopaedic, gynaecological or breast surgery, you will be asked to go to the relevant surgical ward on the day of your operation and not to the AOD Lounge. A similar process will take place as described above and you will return to this bed space after your operation.

**Transfer to the Operating Theatre**

*Location: Level 3 Link Corridor*

If you are able to, you will walk to the operating theatre and a nurse will go with you. You should bring your slippers with you for this. If you don’t have them, we will provide disposable slipper socks. You should wear your dressing gown for this short walk.

If you are unable to walk to theatre, we will arrange for you to be taken by trolley accompanied by a porter and a nurse.
The Theatre Environment

Location: Level 3 Esher Wing

Before you arrive in theatre, the theatre team will have had a meeting to discuss all the cases on the list and highlight any special requirements for individual patients. The team consists of theatre nurses, surgeons, anaesthetists and operating department practitioners (ODPs). We use a World Health Organisation checklist to ensure that everything runs smoothly on the day.

At main theatres, you will be taken past the reception desk straight to your anaesthetic room. Here you will be asked to lie on a trolley with a pillow and blanket, and you will be greeted by the anaesthetist(s), ODP, and possibly the nurses and your surgeon. It is normal to feel nervous at this time. Please try not to worry.

The ODP is there to assist the anaesthetist(s) throughout your operation. Checks will be performed at this stage to confirm your identity, that you have consented to your operation, the site of surgery, and that the pre-operative checklist has been completed.

You may be having a general anaesthetic and / or a nerve block which numbs the nerve near to the area of your surgery. You will be connected to the anaesthetic monitoring system and the anaesthetist will do an injection to insert a cannula (a small plastic tube) into one of your veins. If you are having a general anaesthetic only, this is the last thing you should remember before waking up. A drip will be connected and then the anaesthetic procedure(s) will begin as we discussed with you on
the ward. If you are having a nerve blocking procedure, either as your only anaesthetic or combined with your general anaesthetic, the anaesthetist may give you some sedative medication to help you to relax.

Your anaesthetist will be right next to you all the time, monitoring your anaesthesia while the surgeon does your operation. You will be given pain relief and anti-sickness medication while you are asleep as part of the anaesthesia.

**The Recovery Ward**

*Location: Main Theatre Suite, Level 3 Esher Wing*

The recovery ward is where you may begin to remember things as you wake up after your operation. If you have not had a general anaesthetic but a nerve blocking procedure instead, recovery is a place where we can keep a close eye on you after the surgery. You will have a clear, lightweight oxygen mask for a few minutes to take away the anaesthetic gases and maintain your blood oxygen saturation. If you have undergone more major surgery your ward bed will have been collected by a porter while you were in theatre. You will have been transferred onto this bed at the end of the operation while you were still asleep.

Recovery ward is an eight bedded area with full patient monitoring at each bay and specially trained nurses. You will have one-to-one nursing care while you are there. As part of your anaesthetic technique, the anaesthetist(s) will have given you intravenous pain killers and/or performed a nerve block while you were asleep. Your nurse will ensure that your pain is controlled.
and give you more pain relief if it is needed. Your nurse will also treat any nausea or vomiting you may experience.

Any special pain relieving devices, such as epidural infusions and patient controlled analgesia (PCA) pumps, are set up in recovery. Your nurse will make sure you know how to use it and that your pain is controlled.

Once you are more awake and comfortable, she/he will call a ward nurse to collect you.

**Transfer Back to your Main Post-operative Ward**

When the nurse from your post-operative ward arrives in recovery, a handover of your care will take place between the recovery nurse and the ward nurse. You will then be taken to your main post-operative ward with the help of a porter.

On the ward, if you are on a trolley, you will be carefully transferred onto your larger and more comfortable bed. If you are on a bed already, your bed will be placed in the allocated space.

Your blood pressure and temperature will be checked regularly after your operation, including overnight. Nurses will check on you regularly to ensure your pain is under control. If you feel you need more pain relief, please contact the nurse using the call bell. When you need to pass urine or open your bowels you should call a member of staff. The residual effects of your anaesthetic make this advisable.
Relatives can contact the ward directly; however staff are unable to give clinical information over the phone. Before you come into hospital, we would ask that you agree one person from amongst your family and carers for the ward to liaise with about your recovery and discharge from hospital. This helps free up time for the staff to focus on your recovery care.

Visiting hours are 9.00am to 12.00pm and 2.00pm to 8.00pm daily. If anyone wants to visit you outside these times, they need to agree this beforehand with the nurse in charge.

**Discharge from Hospital**

Depending on the nature of your operation, you may be discharged on the same day or you may remain in hospital for a few days. If there is a possibility of you being discharged on the same day you will know well before the day of your operation.

If you are being discharged on the same day as your surgery, you will need to fulfil the following criteria before you will be allowed to go home. We will give you plenty of time to do this, and don’t worry; we will only discharge you if it is safe to do so.

- Passing adequate amounts of urine
- Pain controlled with regular simple analgesia
- No nausea/vomiting
- Tolerating oral diet and fluids
- Have transport home
- Have someone with you until the following day/overnight

If you are remaining in hospital, you will be reviewed daily by the surgical team, and your discharge date will be discussed with
you. On the day of discharge you will be prepared for discharge by the nursing staff. The surgical team complete a summary of what has happened to you which will be passed to your GP.

The pharmacy team review your medication. Once you have been told you are ready to go home, you may still have to wait a while for your medication to be brought to you. Most of our discharges happen early afternoon. The ward staff will provide any relevant discharge information leaflets relating to your operation.

On the day of discharge you may be asked to sit in our day room. This makes a new admission possible. We suggest you get into your own clothes and prepare for home when you get up that morning. Once moved to the day room you will still be served drinks, and lunch as required.

**Summary**

Your journey from referral to discharge involves many different people and processes. We work together to make your experience safe and as supported as we can.

**Acknowledgements**

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Contact Details and Further Information

Alex Ward 0208 934 2301 or 0208 934 3152
Astor Ward 0208 934 2305 or 0208 934 3143
Isabella Ward 0208 934 2303 or 0208 934 3134
Canbury 0208 934 2323 or 0208 934 3178

Admission on the Day Lounge 0208 934 2359
Surgical Matron Via Switchboard 0208 546 7711
Orthopaedic Matron Via Switchboard 0208 546 7711
Gynaecology Matron Via Switchboard 0208 546 7711

If you have any comments you would like to share to help us improve our service, please feel free to drop us an email at theatrefeedback@kingstonhospital.nhs.uk or write to us at...

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You can get further local information from the Patient Advice & Liaison Service (PALS) on 002 8934 3993 or by email at pals@kingstonhospital.nhs.uk